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CENTRAL INTELLIGENCE AGENCY

INFORMATION REPORT

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25 YEAR RE-REVIEW

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General

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1. The predominant diagnosis of mental patients in Poland today is schizophrenia. The percentage of the total ranges from 60% to 65% and is the same percentage as 5 to 10 years ago. Other diagnoses in order of frequency are post-traumatic psychosis; psychosis due to intoxicants, most common of which was benzene; involutional melancholia; reactive depression states; senile depression; post-partum psychosis.

2. A state directive, which [redacted] was issued on orders from the USSR, determines the choice of therapy in treating mental illnesses. It is mandatory that insulin shock be used first. Electroshock is used only in catatonic states and only after there has been no improvement with prior insulin shock therapy. [redacted] believes there is a higher relapse rate with insulin therapy. From 1947 through 1949 electroshock therapy was in rather common usage.

3. Prefrontal lobotomy was banned in Poland in 1953 by directive from the USSR. The ban was complete and the reason given for the ban was that it was a mutilating operation. The operation was done only sporadically before the ban.

[redacted] all of which were performed on cases of schizophrenia of long-standing duration. Results were generally very poor.

4. Euthanasia exterminations were never performed in Poland. [redacted] no rumors of its being practiced anywhere in any of the Satellite countries or the Soviet Union.

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Out of 1,200 patients, there was an average of two to three cases of attempted and successful suicides per year. [redacted] the rate would be lower if there were sufficient nurse and aide personnel; at the present time the number is inadequate. The psychiatric clinic had only 150 beds and the figure of 1,200 given above includes the whole hospital complex, of which the psychiatric unit was a part. [redacted] there has been no marked increase in the suicide rate since 1947. Treatment of choice here [redacted] is electroshock therapy, as the majority of the cases were depressives of some sort. Usually the results were very satisfactory.

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[redacted] there are 100 to 120 psychiatrists in Poland. (Some of the psychiatrists are secretly Freudian.) And in Warsaw there is the Central Consulting Dispensary for Mental Health with a staff of medical specialists and sociologists; it has 20 dispensaries throughout Poland subordinate to it. Any doctor can recommend a patient's admittance to a psychiatric clinic, but the tendency is to reserve this function for psychiatrists.

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Pavlov's Theory

7. Application of Pavlov's theory to mental illnesses in general was a state directive. The theory is not sincerely accepted by the ordinary Polish psychiatrist, but the psychiatrists are unable openly to disagree with it. It is the only theory taught in psychiatric courses in Poland today.

[redacted] it

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[redacted] explains only symptoms, but does not explain the etiology or the reasons for the development of symptoms. [redacted] the same symptoms in different mental illnesses are explained in the same way, yet treatment based on experience will differ with various mental illnesses. The theory explains the requirements for special treatment by adapting itself to modes of treatment which have long been established. The interpretation of Pavlov's theory was applied always only in general terms which left many specific questions unanswered.

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[redacted] at conferences one could get as many different interpretations of Pavlov's theory to a special illness as there were physicians present. The interpretation accepted was the one given by the physician with the most authority.

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[redacted] there were no textbooks to date which could be used in medical schools for teaching purposes to explain Pavlov's theory and its relation to mental illnesses. There was one book which was used for a time, written by a Russian named GOREWICZ. This book was banned both in Poland and the Soviet Union because it did not meet the requirements of applying Pavlov's theory to mental disease. [redacted] much work is being done in the USSR today to produce textbooks to meet this need. Since the students have no textbooks, they learn only by lectures given by their professors, who deal in very general and non-specific terms. Professors are forbidden to publish notes of these lectures and are actually afraid to publish them, for they do not know whether their findings on the application of the theory coincide with the state directives. There is much general disagreement among psychiatrists on this subject, especially among older psychiatrists, who have many doubts or reservations, but they never allow themselves to object openly in any psychiatric conference or medical meeting. [redacted] feels that the theory can be applied to dogs but finds it difficult to transfer generally to human beings.

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not feel that the application of Pavlov's theory will have a generally bad effect on the population as a whole. [redacted] it is faulty to apply insulin therapy alone and not electroshock therapy to psychiatric patients. [redacted] because the Poles are forbidden to learn and to apply psychotherapy and psychoanalysis, the number of individuals affected with mental illnesses who could be relieved and helped with these therapies will increase tremendously. [redacted] particularly [redacted] there was a very marked increase in the number of cases of hypertension, especially in students between 20 and 25 years. There is a much larger group suffering such tensions than before the war and [redacted] people in this category will suffer tremendously because of the rigid application of Pavlov's theory.

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Pavlov's theory of inhibition and "sleep therapy" is used especially in the Soviet Union for treatment of schizophrenia. It has not been used in Poland since 1953 because they have not the personnel to control it properly. [redacted] a number of cases without satisfactory results

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[redacted] were wrong for that therapy and that it can be applied only to one particular form of schizophrenia, but at the present time that form is unknown. Research on this problem is unsatisfactory. The actual technique [redacted]

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[redacted] is as follows: It is composed of three drugs: luminol, a bromide, and chloral hydrate. Luminol and the bromide are given in the morning and at noon. The chloral hydrate is given in the evening. The patient must be in a quiet, dark room. Sleep should be light as a normal sleep and should be 18-20 hours long. Treatment is continued for 10 to 14 days except that no treatment is given on Sunday. On Sunday the patient is given a placebo to interrupt the treatment and give him a rest. Temperature, pulse, and respiration are checked periodically and when the blood pressure reaches a level of 100 systolic, medication is discontinued. Contraindications to its use are heart disease, liver disease, kidney disease, and pulmonary tuberculosis. [redacted] no toxic reaction to any of the drugs used.

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Research

12. Scientific research in Poland is not judged on its merits but only on whether it is in conformity with Pavlov's theory.

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[redacted] the following programs as being carried on in relation to psychiatry:

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[redacted] tests were being made on patients with post-traumatic mental illnesses. These were on the basis of conditioned reflex and this particular test was given the name of "dynamic stereotype". The patient being tested was seated at a desk in front of which were four lights, - red, yellow, green and white - and a bell. In the patient's right hand was placed a rubber bulb connected to a rubber tube. This registered the amount of pressure the patient exerted when he squeezed the rubber ball. The technique of the test was essentially as follows. The physician in charge would instruct the subject to squeeze the ball when the red light came on, which the physician himself controlled. This procedure would be repeated many times until suddenly the physician would turn a white light on instead of a

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red light and ring a bell at the same time. At this stage the patient would ask what he was supposed to do and the physician would then question him on what he felt like doing.

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b. Another research program [redacted] was being conducted at the medical academy of Lodz under the direction of a Professor WILCZKOWSKI. This was also a conditioned reflex test, in which blood sugar levels were determined. The technique was as follows: A sample of blood was drawn and blood sugar level determined. The physician would show the subject some sugar and speak to the subject for 10 minutes about how good the sugar was, how sweet it would taste, and that he was going to let the subject eat it in 10 minutes. At the end of this 10 minutes another blood sample was drawn and sugar level determined. In all cases the level in the second sample was lower than in the first sample. One modification of this test was the following: a sample of blood was drawn, then the subject was shown a pile of bricks in one corner of the room and told that in 10 minutes he must move the bricks into the opposite corner, that this would be a difficult task, and that they were very heavy. At the end of 10 minutes and before actually moving the bricks, another blood sugar level determination was made. This level has always been higher than the level of the first test. The object of this test is to show that there is a chemical reflex in the blood which can be changed by mere conversation, which proves that the blood sugar reflexes are reactions to a mentally conditioned reflex.

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c. In other research, [redacted] in 1949 a Professor BILIKIEWICZ [redacted] of the medical academy in Danzig published a paper on the theory and etiology of mental diseases. BILIKIEWICZ said in essence that there were four layers in the psyche, a basic layer and three higher layers, and that it was in these three higher layers that mental illness developed. The author claimed that treatment of choice for mental illnesses was electroshock therapy followed by malaria therapy. This work was highly criticized, particularly by Irena HAUSMANOWA and by another individual named ZAKRZEWSKA. The author has resisted these criticisms and general opinion is that he will be removed from his post because he persists in propounding this theory.

d. At the Psychoneurological Institute, Pruszkow, experimental work is being done on the surgical removal and treatment of brain tumor.

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[redacted] the surgical results had been good. At this same institute the work was done which eventually developed into the criticism of the use of lobotomies. Some work is being done on cerebrospinal fluid in determining Ph curve in different disease states. One of the most difficult problems, and one in which considerable research is being done at the present time, is that of alcoholism. In 1953 Professor BATAWIA published a statistical book on the influence of alcohol on family relations which was based on his experience in treatment of alcoholics.

[redacted] there has been a very marked increase in alcoholism in Poland since World War II.

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There was a tremendous increase of alcoholism in young people. A Professor KRASSOWSKI wrote a paper in which he described cases of children who began to drink between the ages of 10 and 14 years during the war.

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He stated that the disease was different from that in older people in that the delirium tremens was not typical and the psychological degeneration was deeper in the younger group. Treatment in the out-patient department consisted of bromides, caffeine, vitamin B1, and a very superficial form of psychotherapy. Treatment in the hospital was with insulin. In approximately 30 % of the cases no drinking for three months was the result of the treatment, in 60% of the cases drinking was lessened, in 10% of the cases the treatment produced no relief at all. [redacted] reasons for the marked increase in alcoholism the generally poor condition of life in Poland today. The state attempts some control on the sale of alcoholic beverages by not permitting them to be sold on pay days or holidays. Restaurants are forbidden to sell from 1100 to 1500 hours. [redacted] there is little or no drug addiction in Poland as far as he knows, and that which is present is found in medical assistants such as nurses, technicians, etc. 25X1

13. There is a yearly plan from the Ministry of Health which sets up research projects. Individual professors at various clinics are allowed to choose their own project from this over-all plan. [redacted] no control of this plan by the Soviet Union, nor is it designed to augment or complement any research in any other Satellite country. 25X1

KONORSKI and SHERRINGTON

14. [redacted] after KONORSKI published the book in England in 1946 entitled Student of Pavlov against Pavlov he was severely criticized and essentially cut off from present-day Polish psychiatry and was not able to practice his profession. [redacted] KONORSKI is not completely anti-Pavlovian but has deviated in some respects from Pavlov. 25X1

[redacted] One of the main critics of KONORSKI was Irena HAUSMANOWA. Another criticism was reported from a psychiatric conference on Pavlovian theory held in 1949. 25X1

[redacted] the Academy of Science in 1953 issued a criticism of KONORSKI in general terms. 25X1

[redacted] all criticisms were written or published in an attempt to force KONORSKI to admit that he was wrong but 25X1

[redacted] KONORSKI has never made such an admission. 25X1

[redacted] SHERRINGTON is very severely criticized in Poland. 25X1

Patient Rehabilitation

15. When a patient is discharged from a psychiatric clinic, a resume goes to the out-patient dispensary in the patient's home area. There are 20 such dispensaries in the country. From the dispensary a social psychiatric assistant (paragraph 18) visits the patient at home to see if the patient is working, to look at conditions, etc. The assistant tries to help the subject get work, solve his housing problems, and so forth. When the patient secures a job, the assistant keeps in touch with the place of employment. The local doctor may make recommendations as to the type of work the patient should try to obtain. If necessary, the patient is examined by the doctors at the dispensary from time to time, and if indicated, the patient is returned to the clinic.

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16. [redacted] the rehabilitation program as a whole is fairly successful, but [redacted] the rehabilitation program in the hospitals is poor. The patients work on farms. This use of manpower is not physician-directed. [redacted] considers it exploitation of the patients. The attempt is made to use the work on the farms as a form of therapy, but without success. It is intended to teach other forms of occupational therapy, but this has not been implemented as yet. Some patients are employed in the hospital workshop, shoe shop, etc. Again, this is exploitation as the program is not physician-directed. Payment consists of special cigarettes and afternoon tea.

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17. In 1954 the Director of the State Hospital wrote a paper in which he advocated that the program be set up so that money earned by the patients would be used to build up the occupational therapy program and only a small percentage be given to the patient. [redacted]

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[redacted] The physicians in the hospital are favorable to this plan. [redacted] but the matter [redacted] will probably die in the Ministry because of the difficulty in getting personnel, poor pay, hard work, and unsatisfactory financial aspects.

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Social Psychiatric Assistants

18. A social psychiatric assistant was previously trained for two to three years in the School of Psychick Hygiene, Warsaw, a school opened in 1946 as a separate state institute directly subordinate to the Ministry of Health. The head of the school was a Freudian. He tried to escape in 1950 but was caught and now works in a clinic somewhere. This attempted escape brought about the closing of the school in 1950. By that time there had been two graduating classes and a total of 300 graduates. Many of these had to find employment outside of the psychiatric field.

19. [redacted] social psychiatric assistants are necessary, but [redacted] most assistants are interested in medicine rather than social work. Social psychiatric assistants regard themselves as psychiatrists. [redacted]

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Personalities

20. (a) CZUBALSKI, Franciszek. Now Professor of Physiology at the Medical Academy of Warsaw. [redacted]

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(b) HAUSMANOWA, Irena. Now deputy professor of Neurology at the Neurological Clinic of the Medical Academy of Warsaw. [redacted]

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(c) HERMAN, Eugeniusz. Professor of Neurology at the Medical Academy at Lodz.

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(d) JUS, Andrzej [redacted] Professor of Neurology in the Psychiatric Clinic at the Medical Academy of Lodz.

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(e) KONORSKI, J. [redacted] has the only experimental dog laboratory in Poland doing work on the conditioned reflex.

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(f) KULIGOWSKI, Zygmunt. Director of the Psychoneurological Institute in Pruszkow.

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(g) OPALSKI, Adam. This man is Professor of Neurology at the Medical Academy of Warsaw and is also Chief of the Neurological Clinic of the Medical Academy.

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